



Town of Holbrook
Board of Health
50 North Franklin Street
Holbrook, Massachusetts 02343

Tel: 781-767-3030
Fax: 781-767-9562

Application for Permit to have Live Stock

Fee : \$50 Date: _____

Name of Establishment: _____

Type & Numbers of Animals: _____

Address: _____

Days & Hours of Operation: _____

Mailing Address (if different): _____

Name of Applicant: _____

Address of Applicant: _____

Phone Number of Applicant: _____

Name and Phone Number of Owner (if different from applicant): _____

Number of Square Feet in Lot & Zoning Description: _____

Emergency Response Name & Phone Number: _____

Pursuant to MGL Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

If you have any questions, please contact the Board of Health at 781-767-3030

****By signing below, I understand to the above, agree and to the best of my ability comply with the terms,**
